

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

12 JUL 17 AM 11:17

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Elizabeth for MA, Inc.

ADDRESS (number and street)

P.O. Box 290568

Check if different  
than previously  
reported. (ACC)

Boston

MA

02129

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00500843

3. IS THIS
- 
- REPORT

NEW  
(N)

OR

AMENDED  
(A)

MA

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

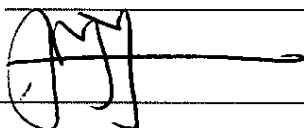
through

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bruce Mann

Signature of Treasurer



Date

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2012M M / D D / Y Y Y Y Y Y  
07 / 07 / 2012M M / D D / Y Y Y Y Y Y  
07 / 07 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)

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